## STATEMENT OF

FEC FORM 1	1 ORGANIZATION				NOV 13 PM 12: 22  C MAIL CENTER  Office Use Only	
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M5	;
OREGON	CONC	BRESSIONAL	. ÇAL	ICUS		
	<u> </u>	<u> </u>			111	
ADDRESS (number and street)  P. O. BOX 398716						
(Check if address is changed)		MIAMI BEAC	H		FL	33239
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)  UScongressionalCaucuses@gmail.com  (Check if address is changed)						
COMMITTEE'S WEB PAGE ADDRESS (URL)						
(Check if address is changed)						
2. DATE 11 1 8 ° ' ŽO 1 Ž °						
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)						
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasurer  JERRY MCKENDY						
Signature of Treasurer Date 11" 08° 2012						
NOTE: Submission of false, erroneous, or incomplete into mation may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only				For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)